

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Rebuilding America Now			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00618876 </div>		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y </div>		
Full Name of Payee Multi Media Services Corporation MEDIA PLACEMENT			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2016 </div>		
Mailing Address 915 King Street, 2nd Floor			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1000000.00 </div>		
City State Zip Code Alexandria VA 22314		Transaction ID : SE24.655 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2016 </div>			
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 004 </div>			
Name of Federal Candidate Clinton, Hillary, Rodham, ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 18997676.85 </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►					

Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City State Zip Code			Date of Disbursement or Obligation		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1000000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1000000.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Call, Ryan, R., , Esq.

Signature _____

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2016